

216187

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-153-T

Application for a Class C Charter  
Certificate from  
New Generations Adult Day Center, Inc.

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: New Generations Adult Day Center, Inc. Telephone: 843-629-0794  
Address: 8111 W. Jody Rd. Fax: 843-629-1334  
Florence SC 29501 Other: \_\_\_\_\_  
Email: jessica@newgenerationshc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: \_\_\_\_\_

COPY  
Filed: 600  
Dept: S.A.  
Date: 4/8/09  
Time: 12:10

RECEIVED  
APR 8 2009  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**ATTN: DOCKETING DEPARTMENT**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
(Office # 803-896-5100) (Fax # - 803-896-5199)

**CLASS C - NON-EMERGENCY**

DATE December 10, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**  
**FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

New Generations Adult Day Center Inc.

2. (a) Street Address of Applicant

2111 W. Jody Rd  
Florence SC 29501

- (b) Mailing address, if different from street address

PO Box 4929

Florence SC 29502-4929

- (c) Telephone Number

843-629-0794 Fed. ID #:

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Gail B. Belissary - 3719 W. Gentry Dr. Florence SC 29501

John C. Belissary - 710 Aldwich Ln Florence SC 29501

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith. ✓

6. The proposed list of equipment is as per Exhibit "D" included herewith. ✓

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  
Month: December Year: 2008

<b>Assets:</b>	
Cash	19,021
Receivables	36,750
Real Estate	
Buildings and Equipment-Net	8,223
Motor Vehicles-Net	22,630
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	46,756
<b>Total Assets</b>	<b>133,380</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	30,878
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	1,000
Retained Earnings	101,502
<b>Total Equity</b>	<b>102,502</b>
<b>Total Liabilities and Equity</b>	<b>133,380</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Florence

I, Jessica M. Carnell Business Office Supervisor  
(Name of Applicant's Representative) (Title)

of New Generations Adult Day Center the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Florence County

This the 3 day of March 2009

(Notary Public)

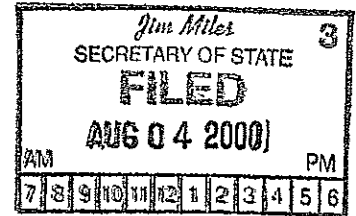
(Signature of Applicant's Representative)

Commission Expires: 4/6/17

CESTATED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

AUG 04 2000

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE



*[Signature]*  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is **NEW GENERATIONS ADULT DAY CENTER OF FLORENCE, INC.**
2. The initial registered office of the corporation is 3719 West Gentry Drive, Florence, SC 29501, and the initial registered agent at such address is Gail Belissary.
3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:
  - a. ☒ If the corporation is authorized to issue a single class of shares, the total number of shares authorized is: 100,000.

Class of Shares	Authorized No. of Each Class
Common	100,000

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)).
5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See §33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):
6. The name and address of each incorporator is as follows :

Gail Belissary  
3719 West Gentry Drive  
Florence, SC 29501

*Gail Belissary*  
(Signature)

7. I, R. Wayne Byrd, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

August 3, 2000

TURNER, PADGET, GRAHAM & LANEY, P.A.

By: R. Wayne Byrd

R. Wayne Byrd  
1831 West Evans Street, Suite 400  
Post Office Box 5478  
Florence, South Carolina 29502-5478

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant New Generations Adult Day Center Inc.

For the transportation of passengers as follows:

Area to be served: All of Florence SC and Darlington SC. Included City and County for both.

Number of passengers: ~~10~~ - 8 passengers - All vans

Fares: ~~10~~ \$1.60 per mile - for persons living over 15 miles from facility - LogistiCare

Date 12/10/08  
4/08/09

Jessica M. Cannell  
By  
Business Office Supervisor  
Title

Rev. 8/00

**EXHIBIT D**

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

**DESCRIPTION OF EQUIPMENT**

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
895-VEY	Gmc	Savana Cutaway / 06	1G-DJG-31U261246663	10,200 lbs	12,200 lbs / wheel chair
AWC-212	Gmc	Terra Transport / 04	1G-DJG-31U41135596	10,200 lbs	12,200 lbs / wheel chair
091-XSR	Chev.	Goshen / 07	1G-BJG-31U571138855	10,200 lbs	12,200 lbs / wheel chair

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

New Generations Adult Day Center, Inc.  
(Applicant)

Date: 12/10/08

Jessica R. Carnell  
(Applicant's Representative)

Business Office Supervisor  
(Title)

RECEIVED 12/10/2008 13:00

8438752691

CT LOWNDES

DEC-10-2008 12:33PM

FROM-NEW GENERATIONS

+843 620 1334

T-733 P.002/002 F-727

**INSURANCE QUOTE**

The following insurance quote is for:

New Generation Adult Day Care Inc.  
(Name of Motor Carrier)Florence SC 29502  
(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000  
b. Medical Payments/Each Person \$1,000

**Amount of Premium:**

Liability Insurance

\$ 11787

The above quoted premiums are for a term of 12 months.Columbia Insurance Co Carolina Ins  
(Insurance Company Name)Po box 10330 Greenville SC 29603  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/10/08  
DateRenise Perkins  
(Authorized Insurance Company Representative)

**EXHIBIT FWA**

Name: New Generations Adult Day Center, Inc.  
Address: 2111 W. Jody Rd Florence SC 29501  
Telephone No. 843-629-0794 Fax No. 843-629-1334

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?  
Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?  
Yes \_\_\_\_\_ No ✓
3. Are there currently any outstanding judgement(s) against Applicant?  
Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?  
Yes ✓ No \_\_\_\_\_
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?  
Yes ✓ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Jessica N. Carnell  
(Applicant's Signature)

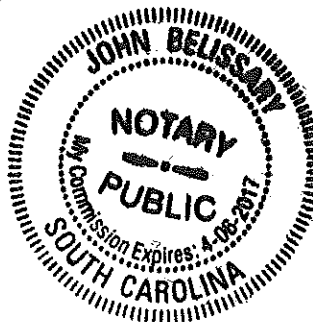
Sworn to before me

At Florence County

This 10<sup>th</sup> day of Dec, 20 08

[Signature]  
(Notary Public)

Commission Expires: 4/6/17



## APPLICANT'S OATH

I, Jessica M. Carnell verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Jessica M. Carnell  
(Applicant's Signature)

Sworn to before me  
At Florence County  
This 10<sup>th</sup> day of December, 2008  
[Signature]  
(Notary Public)  
Commission Expires: 4/6/17

